

<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small> </div> <div style="width: 30%;"> <div style="border: 1px solid black; padding: 2px;"> <small>Serial No.</small> <div style="font-size: 1.5em; font-weight: bold;">10/658 218</div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> <small>FILING DATE</small> <div style="font-size: 1.5em; font-weight: bold;">A</div> </div> </div> </div>						
CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/	/				61
2		/				62
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TOTAL IND.						TOTAL IND.
TOTAL DEP.						TOTAL DEP.
TOTAL CLAIMS						TOTAL CLAIMS

PTO 1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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